



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
CONTINUING EDUCATION APPLICATION**

APPLICANT INFORMATION (please print)			
APPLICANT/ PROGRAM PROVIDER:			
CONTACT PERSON:			
MAILING ADDRESS:			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
CO-SPONSOR:			
NAME OF COURSE/ SEMINAR:			
DATES & LOCATIONS COURSE IS OFFERED:			

Board of Chiropractic Licensure

Continuing Education Program Approval Requests

Please complete one application **per** program request.

(check *one* box)

Office Use Only:

1470 - \$200.00/\$75.00

<input type="checkbox"/>	Continuing Education Sponsor Request for Program Approval	\$200.00 per program
<input type="checkbox"/>	Continuing Education Individual Request for Program Approval	\$75.00 per program

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____
Issue Date _____
Exp. Date _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>		Expiration Date <i>mm / yyyy</i>
SIGNATURE		DATE	

CONTINUING EDUCATION PROGRAM APPROVAL FORM

In order for the Board to consider approval of Continuing Education Programs, you must complete this form.

This application must be completed in its entirety. All final or draft advertisement brochures and/or promotional materials, if used, must accompany the application. A course syllabus or outline, a vitae of all instructors and (if applicable) a letter verifying the speakers affiliation with an appropriate educational institution must also accompany this application. Applications will be submitted to the Board for approval only when complete and the proper fee (if applicable) has been received. *Acceptable program criteria may vary among boards.*

COURSE SPECIFIC QUESTIONS:

Fee charged to participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What best identifies the educational experience?	<input type="checkbox"/> Lecture <input type="checkbox"/> Convention <input type="checkbox"/> Forum <input type="checkbox"/> Workshop <input type="checkbox"/> Home Study <input type="checkbox"/> Video Presentation <input type="checkbox"/> Other: _____
Exact hours course is scheduled for:	
Number of hours requested for approval:	
Names of instructors: (attach C.V.'s or resumes)	_____ _____ _____ _____
Name of attendance officer, method of certifying/ assuring attendance	
List texts and equipment used as aids:	
Is course approved/ sponsored by any school having status with the CCE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is course approved/ sponsored by any other healing arts school or college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to either two above, name school:	
Is an examination or evaluation process part of this course?	If yes, please describe:
Are any promotional publications or advertisements being used?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach final copy of advertisement.

Does this course include practice building, either as part of the program itself, or as an option offering? If yes, please identify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this course either promote a product or apparatus or offer a product or apparatus as an option item for inspection for those attending? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will those attending be given a product as a gift or a reduced price? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOPICS REQUESTED FOR APPROVAL	NUMBER OF HOURS REQUESTED
A. Principles of Practice/ Philosophy of Chiropractic	
B. Examination of Procedures/ Diagnosis	
C. Physical Therapy/ Physiological Therapeutics	
D. Nutrition	
E. Adjustive Technique	
F. Radiographic Technique/ Safety	
G. Diagnostic Imaging Interpretation	
H. Insurance Reporting/ Procedures	
I. Practice Management	
J. Risk Management	
K. Basic Sciences	
L. Research Trends	
M. Medical/ Legal	
N. HIV Prevention/ Education	
O. Boundaries Issues	
P. Scope of Practice	
Q. Other (Specify)	
TOTAL NUMBER OF HOURS REQUESTED FOR APPROVAL:	

A syllabus or course outline may be submitted in lieu of hourly breakdown for long term courses.

I hereby certify that all information listed above is correct and that nothing has been omitted. The required enclosure are also included.

Print Name: _____



Signature: _____

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

NOTE:

**PRIOR APPROVAL OF A CONTINUING EDUCATION COURSE
BY A CHIROPRACTIC REGULATORY BOARD DOES NOT
IMPLY OR ASSURE APPROVAL BY OTHER BOARDS.**

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **How long does it take to process an application?** Approximately 2-3 weeks.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.